



Meeting Discussion Guide

February 26-27, 2015

With MEETING NOTES
in orange font



Vision

By 2025 Alaskans will be the healthiest people in the nation and have access to the highest quality, most affordable health care.

We will know we have attained this vision when, compared to the other 49 states, Alaskans have:

1. The highest life expectancy
2. The highest percentage population with access to primary care
3. The lowest per capita health care spending level



Welcome & Introductions



UPDATES



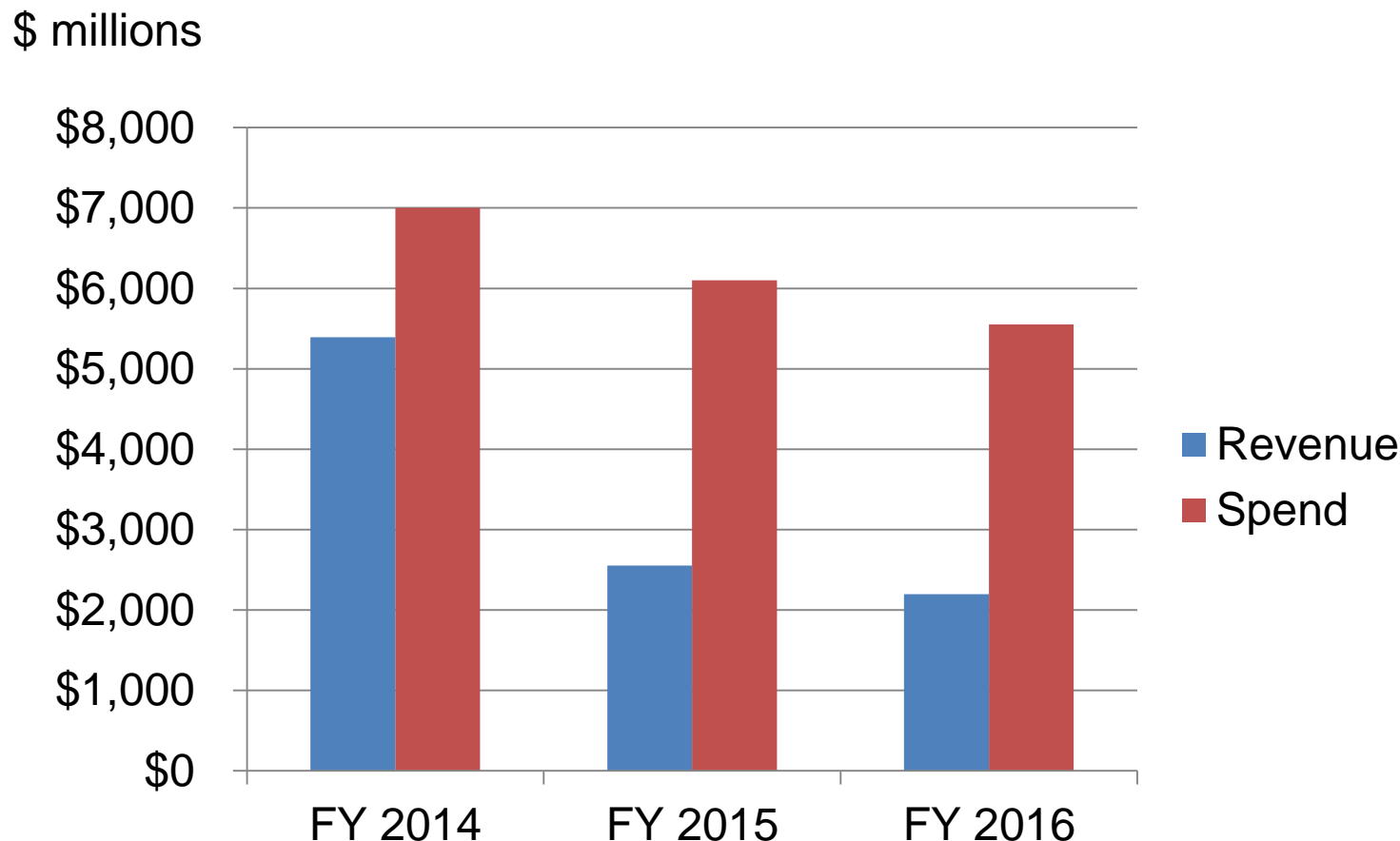
SOA Transitions

- New Commissioners for Agencies with which AHCC interacts the most:
 - Health & Social Services: Valerie Davidson
 - Administration: Sheldon Fisher
 - Deputy Commissioner for health plans: John Boucher
 - Commerce, Community & Economic Development: Chris Hladick
 - Labor & Workforce Development: Heidi Drygas



SOA Budget

Undesignated General Fund



Revenue: FY 2015 & 2016 Forecast; Department of Revenue, Fall 2014 Forecast
Spend: FY 2015 Management Plan, FY 2016 Gov Amd 2/17; OMB



Affordable Care Act Update



Medicaid Reform Update



Group Discussion

Transformation of the Commission's Role



Commission's 2015 Priorities

Facilitating Implementation; Supporting:

- the Legislature
- DHSS Medicaid Reform

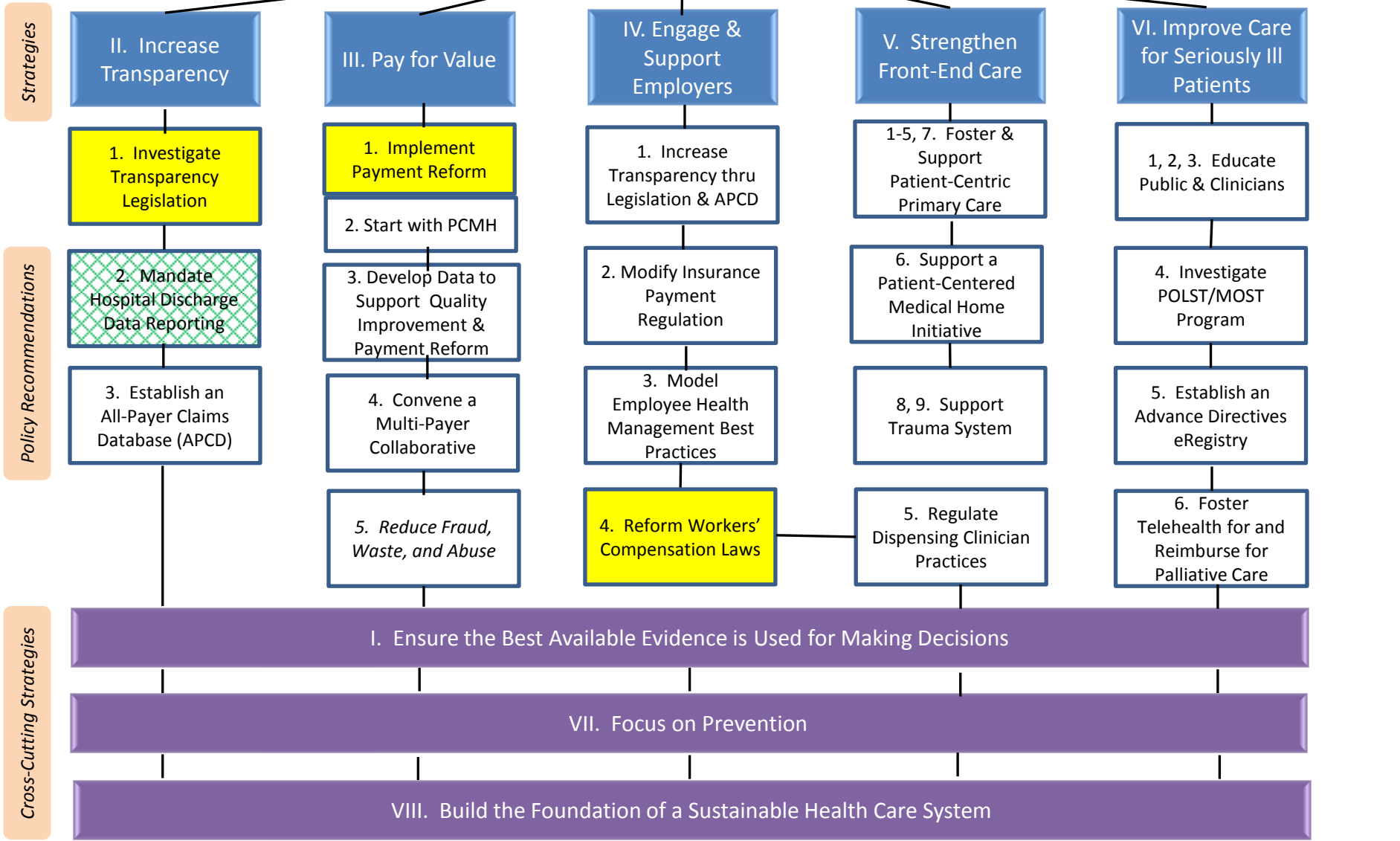


Central Challenge

Foster State government policies that promote increased value – enhanced quality and outcomes at affordable cost – in Alaska’s acute medical care delivery system.

Yellow shaded policy recommendations were selected by the Commission for facilitation in 2015

Green hatch = currently in implementation





Cross-Cutting Strategies & Policy Recommendations

Yellow shaded policy recommendations were selected by the Commission for facilitation in 2015

Green hatch = currently in implementation

I. Ensure the Best Available Evidence is Used for Making Decisions

1. a,d,e. Incorporate EBM in Pay & Benefit Design and Provide Decision-Support Tools

1. b, c, 2. Provide EBM Training & Education

VII. Focus on Prevention

1. Encourage & Support Healthy Lifestyles

2. Implement Obesity Prevention Program

3. Fund Immunization Program

4, 5. Integrate Behavioral & Primary Care; BH Screening

6. Adopt Opioid Control Policies & Programs

VIII. Build the Foundation of a Sustainable Health Care System

A. Health Information Infrastructure

1,2. HIT: Support HIE & EHR

1,3. HIT: Foster Telehealth

4a. Develop Data to Support Quality Improvement & Payment Reform

4b. Mandate Hospital Discharge Data Reporting

4c. Establish an All-Payer Claims Database (APCD)

4d. Create web-based system for Public Health Info

B. Health Workforce

B. Health Workforce Development

C. Statewide Leadership

2. Establish Health Care Commission



Central Challenge

Foster State government policies that promote increased value – enhanced quality and outcomes at affordable cost – in Alaska's acute medical care delivery system.

Blue shaded policy recommendations require legislation

Green hatch = currently in implementation

Strategies

II. Increase Transparency

1. Investigate Transparency Legislation

2. Mandate Hospital Discharge Data Reporting

3. Establish an All-Payer Claims Database (APCD)

III. Pay for Value

1. Implement Payment Reform

2. Start with PCMH

3. Develop Data to Support Quality Improvement & Payment Reform

4. Convene a Multi-Payer Collaborative

5. Reduce Fraud, Waste, and Abuse

IV. Engage & Support Employers

1. Increase Transparency thru Legislation & APCD

2. Modify Insurance Payment Regulation

3. Model Employee Health Management Best Practices

4. Reform Workers' Compensation Laws

V. Strengthen Front-End Care

1-5, 7. Foster & Support Patient-Centric Primary Care

6. Support a Patient-Centered Medical Home Initiative

8, 9. Support Trauma System

5. Regulate Dispensing Clinician Practices

VI. Improve Care for Seriously Ill Patients

1, 2, 3. Educate Public & Clinicians

4. Investigate POLST/MOST Program

5. Establish an Advance Directives eRegistry

6. Foster Telehealth for and Reimburse for Palliative Care

Policy Recommendations

Cross-Cutting Strategies

I. Ensure the Best Available Evidence is Used for Making Decisions

VII. Focus on Prevention

VIII. Build the Foundation of a Sustainable Health Care System



Cross-Cutting Strategies & Policy Recommendations

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Green hatch = currently in implementation

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Commission's 2015 Priorities

- I.1. Incorporate Evidence-Based Medicine in Pay and Benefit Design and Provide Decision-Support Tools
- II.1. Investigate Transparency Legislation
- III.1. Implement Payment Reform
- IV.4. Reform Workers' Compensation Laws
- VII.1. Encourage and Support Healthy Lifestyles
- VII.6. Adopt Opioid Control Policies & Programs
- VIII.A.1,3.Foster Telehealth

2015 Priorities that do or may Require Legislation



II.1. Investigate Transparency Legislation

IV.4. Reform Workers' Compensation Laws

VII.6. Adopt Opioid Control Policies & Programs

VIII.A.1,3. Foster Telehealth



This Meeting: Getting Started

- Medicaid Reform
 - Payment Reform
 - Telehealth

II.1. Transparency Legislation

VI.6. Opioid Control Program

NOTES – Other Legislative Priorities (Workers Comp; Telehealth, Transparency)?



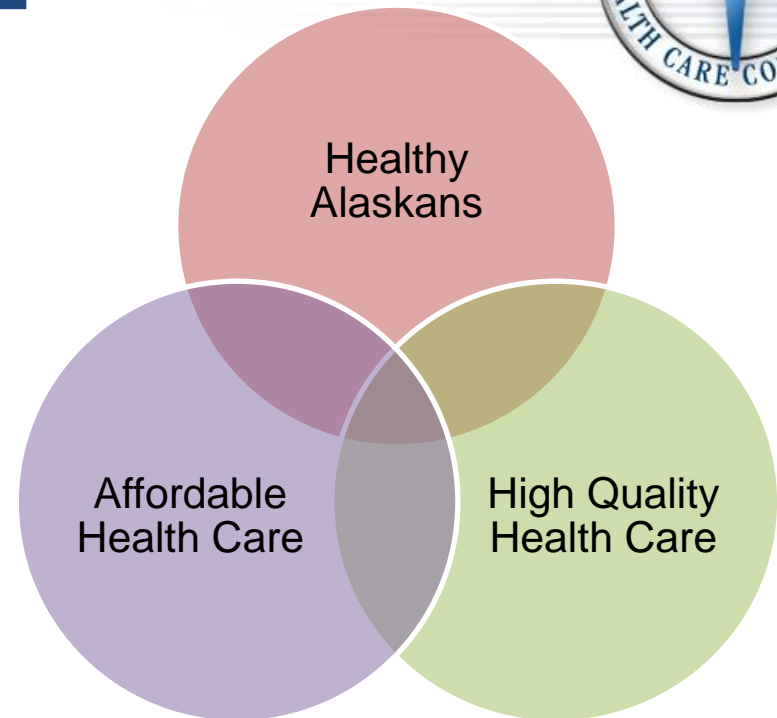
- Develop cost and savings estimates for legislative policy recommendations (i.e., Financial Impact Statements)
 - Look for recent research
 - Identify outcomes from other states with “model” programs
 - Our Workers’ Comp program already has some documentation of potential savings
 - Ask agencies for “fiscal notes”
- What has the impact of transparency been?



Vision



By 2025 Alaskans will be the healthiest people in the nation and have access to the highest quality most affordable health care.



We will know we attained this vision when, compared to the other 49 states, Alaskans have:

1. The highest life expectancy (currently 34th)
2. The highest percentage population with access to primary care (29th)
3. The lowest per capita health care spending (2nd highest)



Transparency Worksession

Alaskan Consumer Testimony



“It’s very hard to be a consumer in something when you don’t have a clue as to what the cost is.”

“My daughter’s doctor cancelled her appointment after she asked the price...”

“Secret pricing does a lot of harm.”

Alaska Health Care Commission Transparency Recommendations



1. Investigate price and quality transparency legislative mechanisms
2. Mandate participation in the Hospital Discharge Database
3. Establish an All-Payer Claims Database

Potential Facilitation Activities (from 2014 Report)



- A. Prepare a white paper on transparency legislation enacted in other states including outcomes.
- B. Convene stakeholder sessions and compile input and ideas for key elements for state transparency legislation.
- C. Prepare a policy brief on recommended key elements for legislation. Include experience from other states and input from stakeholder sessions, and solicit public comment on draft.
- D. Convene State health plan administrators (including Department of Administration, DHSS/Medicaid, and the University of Alaska) to identify strategies and develop an action plan to increase public transparency of State agency and University administered health plan costs and accounting structures.



Audiences for Transparency

- Consumers/Patients
- Clinicians
- Policymakers
- Insurers
- Employers



National Transparency Initiatives

- Federal Government
 - CMS Medicare charge and payment data releases
 - Hospitals 2013 and 2014
 - Physicians 2014
 - Developing tools to help patients utilize data for health care choices
 - CMS quality data posted
 - HospitalCompare
 - NursingHomeCompare
 - HomeHealthCompare



National Transparency Initiatives

- Federal Government
 - Affordable Care Act Transparency Provisions
 - Hospital Chargemasters now public - ACA Section 2718e requires all U.S. hospitals publish how much they charge for every service
 - Every hospital must, at least annually, make public a list of its charges for “items and services,” including charge rates for Medicare’s DRGs
 - Regulation went into effect 10-01-14
 - Not standardized (“how” is not dictated)
 - Physician Payments Sunshine Act (“Open Payments Program”)
 - ACA Section 6002 requires manufacturers of drugs, devices, and biologics to report payments and perks to physicians and teaching hospitals. Ownership and investments held by physicians are also reportable.
 - Public searchable on-line database went live Sept 30, 2014, and will be updated annually.
 - Health Insurance Transparency
 - Uniform Summary of Coverage required
 - Transparency in Coverage Disclosures
 - Quality Reporting for Private Health Insurance



National Transparency Initiatives

- National organizations
 - Health Care Financial Management Association
 - Transparency Stakeholder Task Force Principles & Guidelines Report
 - Consumer Guide to Understanding Healthcare Prices
 - Provider Price Transparency Checklist, and Patient Financial Communications best practices
 - Catalyst for Payment Reform and the Healthcare Incentives Improvement Institute
 - 2013 & 2014 State Transparency Law Report Cards
 - Health Care Cost Institute
 - Aetna, Assurant Health, Humana and UnitedHealthCare partnership to compile claims data and provide a tool for the public and plan members to access data
 - The Leapfrog Group
 - Voluntary hospital survey on safety, quality and efficiency



Private Sector and Other States

- Other States
 - 45 States have some form of transparency requirement in state law (***Alaska is not one of them***)
 - 11 States have operational All-Payer Claims Databases, and 6 more are in implementation (not counting voluntary systems in WA, CA, and WI)
- Private Sector
 - Insurer and self-insured employer provided transparency tools
 - Vendors specializing in providing transparency tools, e.g., Castlight
 - Venture capitalist mobile health app development



State Price Transparency Laws

- CPR Grading Criteria for State Price Transparency Laws
 - Levels of Transparency:
 - Prices reported to the State only
 - Prices available upon request by individual consumer
 - Prices available in a public report
 - Prices available via a public website
 - Scope of Transparency:
 - Scope of Price: charges, average charges, amount paid by insurer, amount paid by consumer
 - Scope of Service: all medical, inpatient, outpatient, most common inpatient and outpatient
 - Scope of Providers: hospitals, physicians, surgical centers



Transparency Challenges

- It's Complicated! Important Considerations include:
 - Consumers need quality as well as price info
 - Consumers want to know price to them (based on health insurance plan provisions)
 - Alignment of patient incentives (engagement, communication, education, price sensitivity)
 - Physician-Patient relationship is essential
 - Design of local health care markets and choice
 - Legislative consideration: Balancing consumer protection with industry regulation



Legislative Transparency Solutions: Examples from Other States

- Require providers to reveal price when asked
- Require providers to submit price data to State government
- Require providers to post prices on-line for top procedures by utilization and/or revenue
- Require insurance carriers to release claims data to employers/group policy holders
- Require insurers to submit paid medical claims data to a statewide All-Payer Claims Database (APCD)
- Prohibit gag clauses in health plan/provider agreements that create barriers to release of quality and price information
- Require providers and/or insurance carriers to submit financial performance data to State government
- Require State agency to produce reports for the public
 - Health care organization financial performance (hospitals and health insurers)
 - Provider prices, public payer fee schedules, etc.

Possible Legislative Transparency Solutions for Alaska? (in addition to APCD)



- Require providers to reveal price when asked
- Require providers to post prices on-line for top procedures by utilization and/or revenue
- Require providers and/or insurance carriers to submit financial performance data to State government
- Require State agency to produce reports for the public
 - Health care organization financial performance (hospitals and health insurers)
 - Provider prices, public payer fee schedules, etc.



Next Steps: Transparency

1. Draft Policy Brief for stakeholder response?
2. Convene Stakeholders?
3. Other?



NOTES

- Motion Susan; Bob 2nd: Convene a stakeholder session this year to enhance communication and understanding of issues related to increasing price and quality transparency. The goal of the stakeholder session is to inform the development of a Commission Policy Brief for the legislature. A white paper providing background information on transparency will be distributed to stakeholders in advance.

Amendment Allen, Jay seconded: strike “quality” from the motion – proposed amendment withdrawn following discussion

Motion Passed unanimously (Jay, Allen, Susan, Greg, Lincoln, Bob, Emily (Becky absent for the vote))

NOTES – Reflections from yesterday



- Need to clarify our plan for our “potential” facilitation activities for this year
- We need a communication plan (see next slide)
- 75 K vets in Alaska; 38 K eligible for VA benefits; is there an opportunity to identify eligible vets not enrolled to move some of the burden off the state and onto federally-funded VA health benefits? Who are they, where are they, where are they getting their care, could they be getting their care from the VA?
- The people here at the table are the voice of the people we serve – all people – all veterans, elders, youth. We can do better for the people. Alaska is very unique – we can fix our own problems.
- Concerned about implication that this commission might not have a future. If not us, who? There’s even greater value in this body moving forward in this current environment. Is there something the members can do to improve communication and awareness?
 - Members may advocate directly as constituents



NOTES –

Communication & Awareness Plan

- Our mission statement isn't clear to legislators; we don't deal with some of the issues some of the leadership believes we are or should be dealing with – there's a big misconception.
- Deb will dust off and update the Commission's original communication plan
- At next meeting – revisit vision and mission – how do we better demonstrate the value of this group and make sure our vision and our mission is very clear?
- Statutory purpose statement is not compelling. Need a short sentence mission statement that is compelling to share with legislators and others that sums up what we're about. Maybe our vision needs to be more specific too (understanding it was intended to be a "BHAG" – Big Hairy Audacious Goal).



Break for “Lunch & Learn” Session

Beltz Committee Room 105
Thomas Stewart Legislative Office Building



Public Testimony



Medicaid 101



Insurance Update

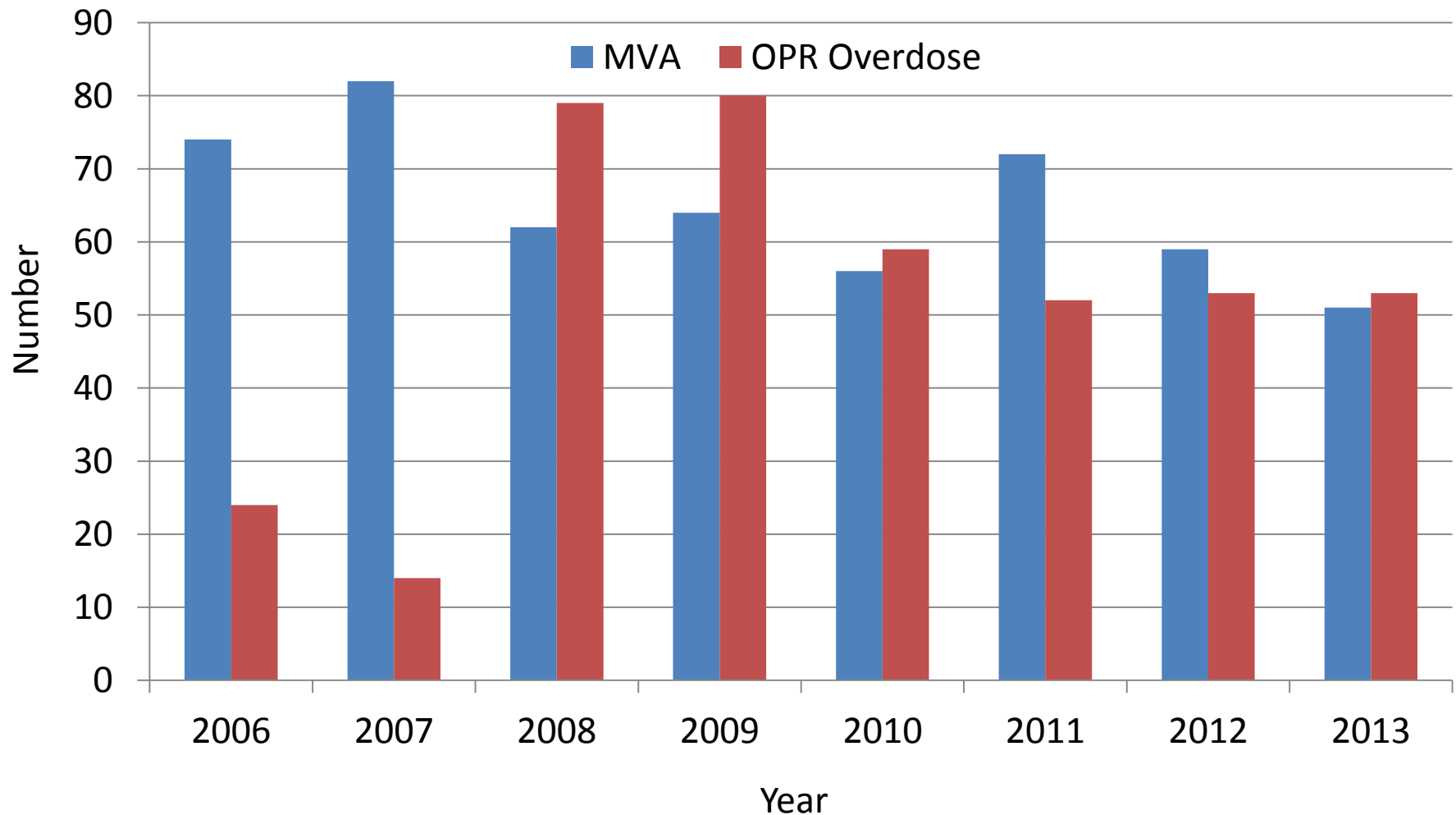


Friday Morning Recap

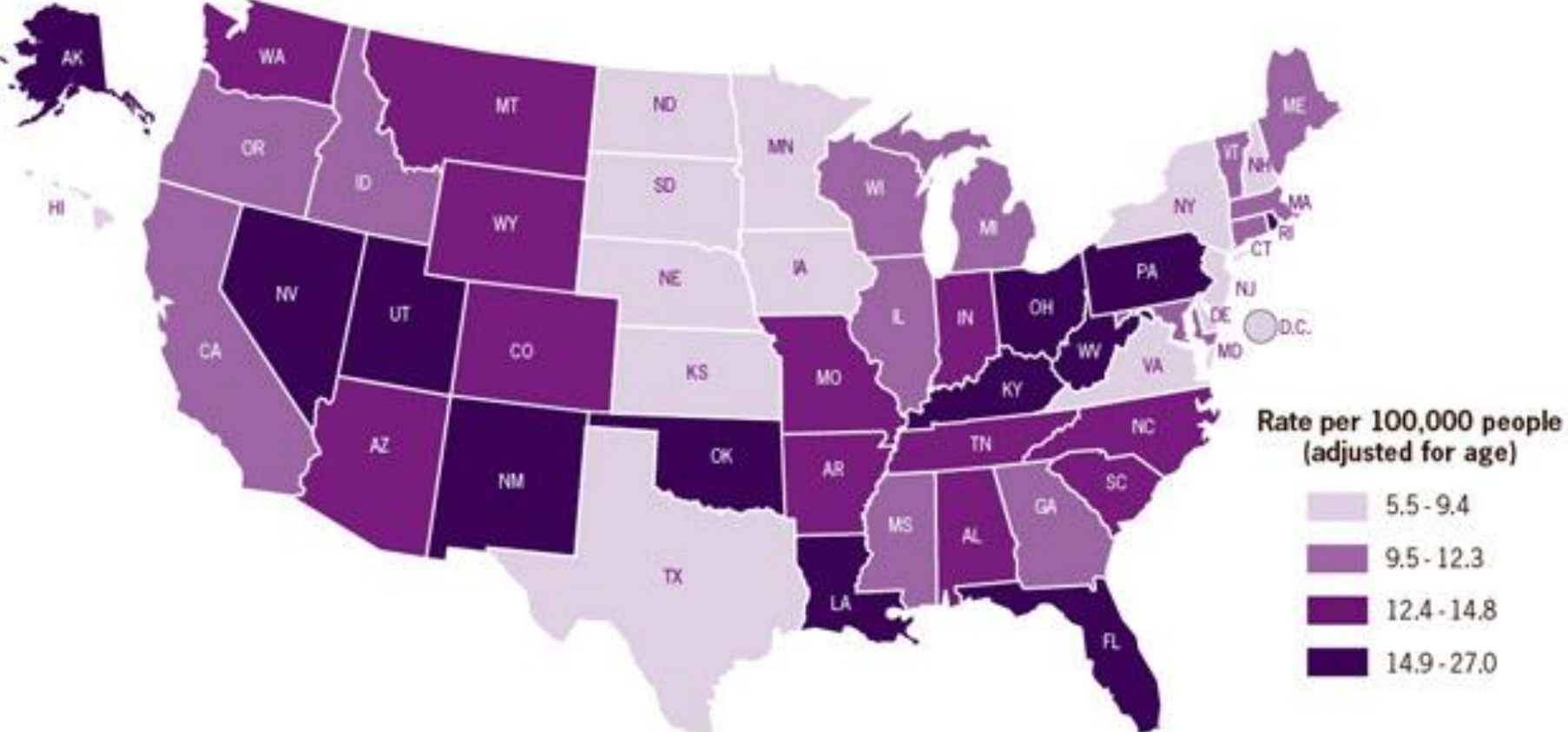


Opioid Control Program Development

Number of Fatalities Caused by Motor Vehicle Accident (MVA) and Opioid Pain Reliever (OPR) Overdose, Alaska, 2006-13



Source: Alaska Division of Public Health



Source: <http://www.cdc.gov/vitalsigns/painkilleroverdoses/infographic.html>

Making a Difference: State Successes



2012 Action:

New York required prescribers to check the state's prescription drug monitoring program before prescribing painkillers.

2013 Result:

Saw a 75% **drop in patients** who were seeing **multiple prescribers** to obtain the same drugs, which would put them at higher risk of overdose.



2010 Action:

Florida regulated pain clinics and stopped health care providers from dispensing prescription painkillers from their offices.

2012 Result:

Saw more than 50% **decrease in overdose deaths** from oxycodone.



2012 Action:

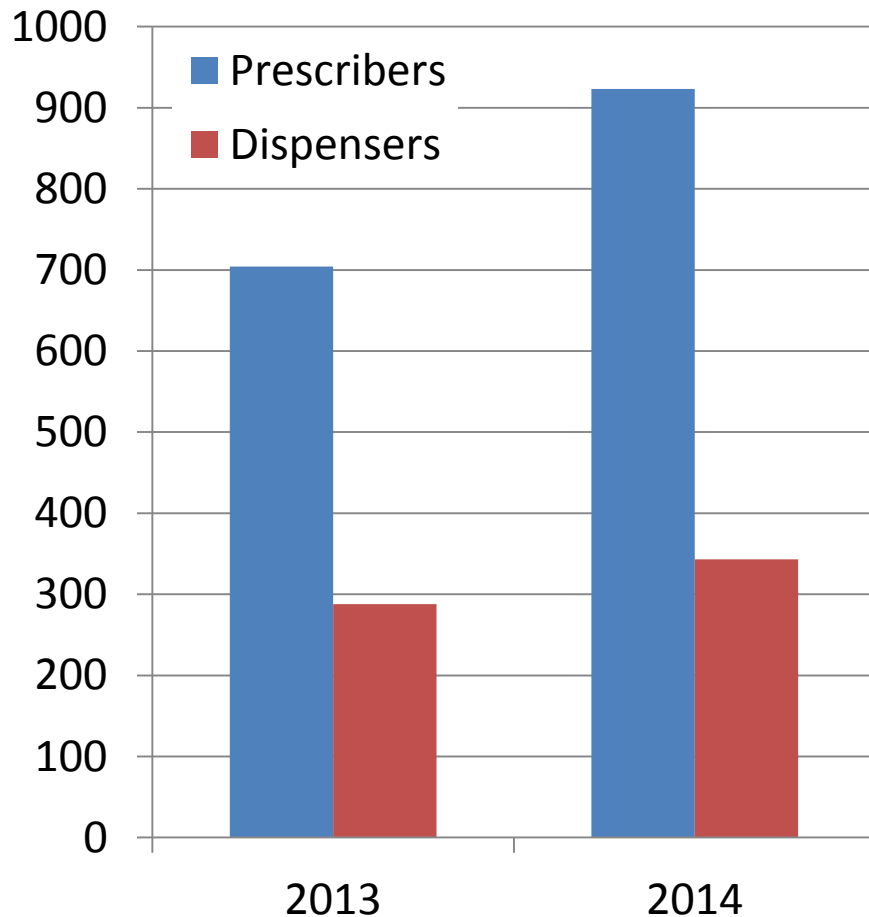
Tennessee required prescribers to check the state's prescription drug monitoring program before prescribing painkillers.

2013 Result:

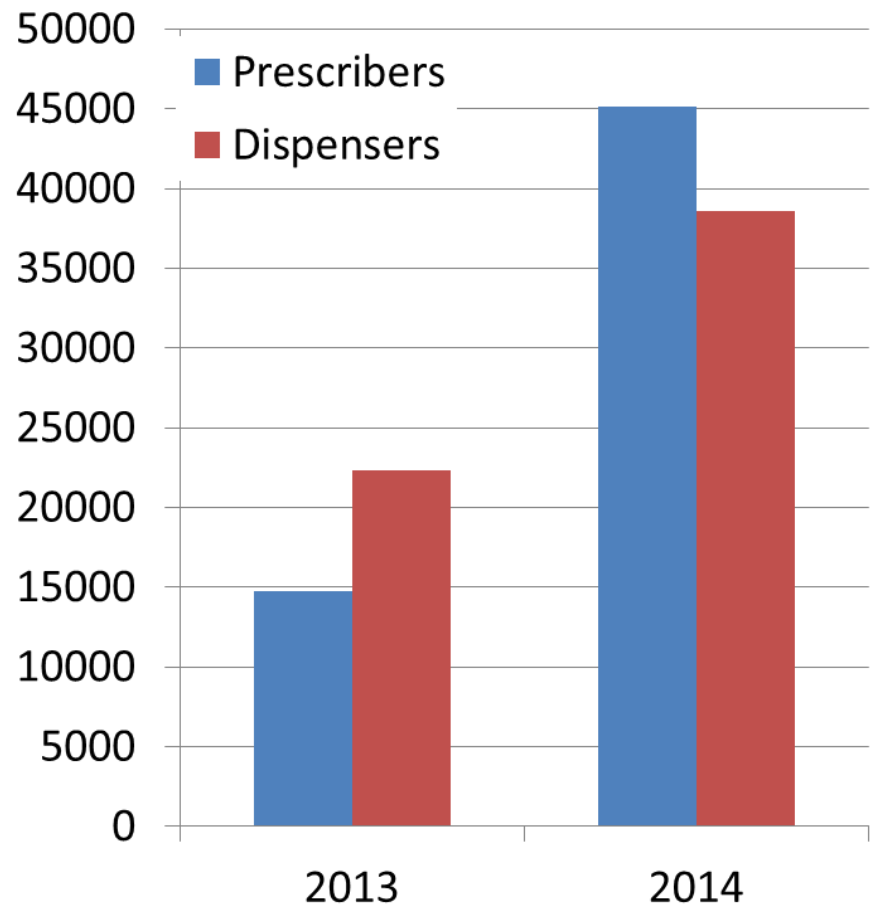
Saw a 36% **drop in patients** who were seeing **multiple prescribers** to obtain the same drugs, which would put them at higher risk of overdose.

Alaska Prescription Drug Monitoring Program, 2013-14

Registered Users



Solicited Reports





Alaska Health Care Commission

Opioid Control Recommendations

1. Legislature:

- Motion/Bob, Becky 2nd: Change “1.a. to read: “Maintain the controlled substances prescription database and provide support for on-going operation”
 - Passed unanimously (voting members present: Jay, Becky, Allen, Susan, Greg, Lincoln, Bob, Emily)
- a) Upgrade the controlled substances prescription database to real-time and provide support for on-going operation.
 - b) In the Workers’ Comp Act: Restrict reimbursement for opioid narcotics exceeding a maximum appropriate dosage.
 - c) Remove statutory barriers to DHSS and Dept of Law access to and use of the Prescription Drug Database for fraud identification and statewide drug prevention efforts.

2. Prescribing clinician boards:

- a) Require one-time CME credits on over-prescription of opioids and how to spot potential abusers.
- b) Collaborate to identify and adopt guidelines regarding appropriate dosage for prescription opioid narcotics

3. Agencies that purchase medical services (DHSS, DOA, Corrections, Workers’ Comp, UA):

- a) Track adoption of guidelines by the boards, and
- b) Collaborate to adopt common payment policies for reimbursement for opioid narcotics in the absence of professional guidelines.

Potential Facilitation Activities (from 2014 Report)



- A. Convene physicians, pharmDs, mid-levels, hospital and ED leaders, licensing boards, state agency staff, legislators in joint learning and discussion sessions.
- B. Convene State agency leaders of agencies responsible for purchasing medical care to discuss application of prescribing guidelines in health plan benefit and payment policies.
- C. Prepare a white paper on other states' program results and recommendations from federal organizations.



Discussion Questions

1. What are the essential elements of a robust opioid control program?
2. How can the Commission best support development of a robust opioid control program for Alaska?



Notes

- Our goal is to improve care, improve health, and reduce deaths from improper opioid use.
- Motion/Bob, Greg 2nd; passed unanimously:
Convene representatives of prescribing and dispensing clinician licensure boards at next Commission meeting to discuss:
 - Opioid control program
 - Collaboration with the Commission generally
- Work with Susan to invite VA opioid control expert; also invite representative(s) of tribal health organizations.



Meeting Wrap-Up

- Next Steps
- Meeting Evaluation



NOTES – Meeting Evaluation

- What did you like most about this meeting?
 - Presentations were very informational
 - Lunch and Learn, interesting to see the connections
- What do you wish would be better next time?
 - Difficult to meet during session with competing demands of the legislature
 - Keep track of members who have indicated an interest in speaking while facilitating the group discussions
 - Provide packet ahead of time electronically – use Retirement Management Board's process (Gary Bader's office; Judy Hall, Treasury)
- Greg moved; Bob 2nd; passed unanimously to adjourn the meeting
- *Suggested immediately after the meeting by public attendee*
 - *The Washington State government agencies' medical directors worked together for years to develop a common set of opioid prescribing guidelines that's very good. The Commission should investigate and potentially use these rather than reinventing the wheel.*



Thank You!